

2000 Chippewa St

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

State File No. **2549**
Registrar's No. **697**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a- STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4921 Holly Hills Ave				e. STREET ADDRESS (If rural, give location) 4921 Holly Hills Ave			
3. NAME OF DECEASED (Type or Print) PAUL			a. (First)		b. (Middle)		c. (Last) Benz
4. DATE OF DEATH (Month) (Day) (Year) 1-22-1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH 6-26-1873		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John J. Benz		13b. MOTHER'S MAIDEN NAME Anna Marie ???		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-09-1359		17. INFORMANT'S SIGNATURE OR NAME Paul Benz		ADDRESS 4904 Theolan Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes (old age) (Natural Causes (Old age)) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> 974 X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19, 1957 to Jan 21, 1957 , that I last saw the deceased alive on Jan 21, 1957 , and that death occurred at 8:20 P.M. from the causes and on the date stated above.							
23a. SIGNATURE John H. Fox D.O. (Degree or title)		23b. ADDRESS 2800a Chippewa		23c. DATE SIGNED 1-22-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-24-1957		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) McKenale and H1 66 Mo	
DATE REC'D BY LOCAL REG. JAN 23 '57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE McKenale Bros		ADDRESS 6409 Gravel Ave	

Funeral: Cause Unknown

Missouri

St. Louis

St. Louis

1-24-1952

1-24-1952

1-24-1952

BOB

MAP 2 2 1952

PAUL

82

6-26-1952

Widower

White

Male

U.S.A.

P

GERMAN

Retired

Blacksmith

1-24-1952

John J. Jones

4304 Thofers Ave

433-02-1329

He

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... *Paul M. Seymour*

Licensed Embalmer No. 4343

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

1-24-1952

RECEIVED

4304 Thofers Ave